

FILED OCT 10 1944

Primary Registration District No. 3049

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Hays
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
14 yrs (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Hays
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oder English

3. (b) If veteran, name war WW

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1944 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male

5. Color or race Cal

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wood English

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 3. 1880
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>10</u>	hr. _____ min. _____

Duration _____

Due to Internal diseases

Due to found dead

Due to no medical attention

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Merriss, Missa
(City, town or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Colon Farm

12. Name Ben English

13. Birthplace Merriss, Missa
(City, town or county) (State or foreign country)

14. Maiden name Jacobson

15. Birthplace Merriss, Missa
(City, town or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. English

(b) Address Hays - Mo

17. (a) Buried (b) Date thereof 9. 13 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hays - Mo

18. (a) Signature of funeral director J. P. Smith

(b) Address Hays - Mo

19. (a) 9-18-1944 (b) JAS CHINSON
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Wm. English (M. D. or other) _____

Address Hays - Mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12
12
1

9-44-234

OCT 19 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.